BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
900048 V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(131)
DOCCI	County Doubish	Registration Dist. No.
shot of	Village or City Cambridge, Ind.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ut	Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
VIC	2. FULL NAME 3000 H. Wins	field
PHYSICIANS	(a) Residence: No. (/ D) Quality (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yesr)
T	5a. If married, widowed, or divorced HUSBANO of	
X A C T classified	(or) WIFE of Margarel a Harkett	22. I HEREBY CERTIFY That I attended deceased from
EX ly cla	6. DATE OF BIRTH (month, day, and lear) & 5 1849	I last saw h in alive on 6/2 d , 19 5 ; death is sald
ed erl îca	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
stated E properly certificate.	62 6 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	District the second of the sec
	The state of the s	Could be de de la Contra
should it may n back	work was done, as SILK MILL, Erhon Justo	Property Care
is it u	0 10. Date deceased last worked at July 11. Total time (years) eury	
	this occupation (month and 143 very spant in this occupation occupation	Other Contributory Causes of Importance:
plied. AGF erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
s, s	(State or country)	
supplied n terms, ee instru	II 13. NAME ym A Brinifuld	
sup in te See	13. NAME AM Bringfuld 14. BIRTHPLACE (city or town)	Name of operation
ly lain S	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
carefully 'H in pla	15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
AT npo	S (State or country)	Where did injury occur? (Specify city or town, county and State)
DO	17. INFORMANT D. any Constitute (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE SE	Place Eldorado mator fun 28, 1952	Nature of injury
mation s CAUSE TION is	19. UNOERTAKER Frank E. albanch	24. Was disease or injury In any way related to occupation of deceased?
(T)		(Signed) Shill M. D.
	20. FILEO June 28, 19 32 25 Wolff Registrar.	(Address) Cambrily Mrt.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	4	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JULE 8 HW	July 5,1927	Peritonitis	3 days ago
	BUREAU V. 8. H			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocntcritis	1 year

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
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	r te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH
TAN .	infor- state UPA-	1. PLACE OF DEATH	97-a
		county Dal Chestal 1	Registration Dist. No. 116
	= =	Village or City Camberiol Col	NoSt.,Ward
	70		death occurred in a hospital or institution, the its NAME instead of street and number) ds How long in U.S. if of foraign birth?
		Length of rasidence in city or town whera death occurrad yrsmos.	as now long in 0.3.11 of loratign bifting
	e Ci A	2. FULL NAME ALL DENOW	4
	Every SICIANS Statement	(a) Residence: No. 3 Sentelle 3	Cu, Ward. 2
		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	PI PI xact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	K K	OR DIVORCED (write the word)	Mul 10 1, 193 7
9	rr.	S. If married, widowed or divorced	(Month) (Oay) (Year)
Z	ANE ACT ssifted	HUSBAND of (or) WIFE of As A Oo.	1 HERESY CERTIFY. That I attanded decases from
R	N A N	your stan supe	May 11 19 7, to pure 10, 19 3?
BIN	te. E	6. DATE OF BIRTH (month, day, and yaar) Lant Pracu	I last saw h aliva on 11, 19.3 daeth is said
22	ed ed fica	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
FO	IS A PE stated E properly certificate	3 9 / ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
	70	8. Trada, profession, or particular kind of work dona, as SPINNER, House, awalls	alrular of years ofme
回	HII be		
RESERVEL	ould may back	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	During May 1
E	She she on b	O Date daceased last worked at 1 11. Total time (years)	The man
Ä		this occupation (month and 5 w spent in this 30 myles)	9 +
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) M	Dthar Contributory Causes of importance:
H	d. d.	(State or country), Madellan	
ARGIN	VF.	13. NAME Charles Ca Raul	4
IA		13. NAME (Market) 14. BIRTHPLACE (city or town) Market	Nama of operation A Basel Data of Mile
A	E E CO	(Stata or country) Lockechelsky,	What test confirmed diagnosis? And was there an allower Mass there are the confirmed diagnosis?
A	X, WITJ carefully H in pla ortant.	15. MAIDEN NAME Salah Rilash	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
	INLY, W) be carefu EATH in i	15. MAIDEN NAME Salah Clash 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
	AINLY, I be ca DEATH import	(State or country) Lauchestan	Where did Injury occur?
		17. INFORMANT Cahon Bevown	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
-	E PLA should OF D	(Addras) Ramber dal nd	// Doll
1	77 00 10	18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
1	-WRITI mation CAUSE FION is	Place Mac Company Data 401 11 193	Natura of injury / Lowell
	-WRIT mation CAUSI TION	19 UNDERTAKER Lewis Hogersmen	24. Was disaase or injury in any way related to occupation of decaased?
No.		(Address) combleted get med	If so, specify
vi .	•	20. FILED June 18, 1932 ERWolf	(Signad) Ty Ty MC M. O
> (7	Registrar.	(Address) Taskhala
8	F 69	If more blanks are needed address State Penistran	DAYE N. Charles Street Relimons Description 71 C No.

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Arterioselerosis	3 1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S			
Other contributory causes of importance:	241	Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH			Desistantian Dist. N	111
Village or City Cambudge	LIBITE OF	No	Registration Dist. N	St.
Length of residence in city or town where death occurred	(If de	eath occurred in a hospital or institut		of street and number
2. FULL NAME Sayhin (a) Residence: Np. 40 7	Buyan	St Ward.		
(Usual place	11	MEDICAL CE	If nonresident give city ERTIFICATE OF I	
		21. DATE OF DEATH	THE OF L	JEATH.
A Col sin	ED (write the word)	Jun	(Month) (Da	, 193 ay) (
5a. I married, widowed, or divorced HUSBAND of (or) WIFE of	7	_ /	CERTIFY, That	
6. DATE OF BIRTH (month, day, and year)	1895	I last saw h elive on	191 from	, 19; dea
7. AGE Years Months / Days	1 day,hrs.	to have occurred on the date states. The PRINCIPAL CAUSE OF DEAT		
8. Trade, profession, or particular	ormin.	were as follows:	Thromb	asis B
9. Industry or business in which	at Haus	Hypertense	of Doub)
SAW MILL, BANK, etc.	time (years)	linguist	manuel	
this occuration (month and 19.3 2 oc	ent in this 2 3	Other Contributory Causes of Impo	rtance:	
12. BIRTHPLACE (city or town). (State or country)	mal			
13. NAME Daniel Brys 14. BIRTHPLACE (city or town) Condition	n		4	
(State or country)	The	Name of operation		Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Caraltana	ster	23. If death was due to external cau		
(State or country)	And	Accident, suicide, or homicide? Where did Injury occur?		
17. INFORMANT CANADA THE GARAGES CARREST CARRE	353	Specify whether Injury occurred In	INDUSTRY, in HOME, or I	n PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL MA, Date On	na 26,19 32	Manner of Injury		
19. UNDERTAKER Saurie Baynem	,	24. Was disease or injury in any wa	ay related to occupation of	
(Address) Cambrildae.	1	If so, specify		

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis 3 days ago July 5,1927 Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

0 4	ADDITIONAL SPACE FOR FUR	THER STATEMENT	S BY PHYSICIAN
Augustia.	aster in 1	wember	1930 pm
11	CMST Clair	mos	

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATHAN plain terms, so that it may be properly classified. Exact statement of OCCUPA-	The state of the s
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	TITH UNFADING INK-THIS	ully supplied. AGE should be s	plain terms, so that it may be I	TION is very important. See instructions on back of certificate.
V.S. No. 1	N. BWRITE PLAINLY, W	mation should be carefu	CAUSE OF DEATH IN	TION is very important

STATE OF	MARYLAND—CERTIFICATE OF DEATH	06491

			Registration Dist. No. //C
			No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Margaret I	. Chil	dres	
(a) Residence: No. Near Rho		le	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 29 1932 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roy K.Childre	es		22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 7. AGE Years Months 7 8. Trade, profession, or particular	30 Days 29	If LESS than 1 day,hrs.	I hast saw h alive on The later all to have occurred on the date lated above, at 3 Am.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this 7 y r 8		actory	Yengr
12. BIRTHPLACE (city or town)			Othar Contributory Causes of importance:
# 13. NAME Samuel B. Bell			
13. NAME Samuel B.Bell 14. BIRTHPLACE (city or town) Md. (State or country)			Name of operation Data of Was thera an autopsy?
15. MAIDEN NAME Mary V. Henr	У		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Mary V. Henr 16. BIRTHPLACE (city or town) (Stata or country)			Accident, suicide, or homicide?
17. INFORMANT Mary V.Bell (Address) Vienna, Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place—Rast—New—Marketpate—June 30, 132			Manner of Injury
19. UNDERTAKER W.D. Gravenor Sharptown.	& Bro		24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 4/30 , 1932 Robt	K.Hu	eling Registylr.	(Signed) Address) Armani (M. I.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
BEREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND CERTIFICATE OF DEATH classified Registration Dist. No. St Ward) (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE. 16 DATE OF DEATH WIDOWED OR DIVORCED (Month) (Write the word) CERTIFY. That I attended the deceased from 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated abova, at 7 AGE If LESS than The CAUSE OF DEATH A was as follows I day hrs. 8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in (Duration) yrs. mos. which employed or (employer).... Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deathe from Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homicidal, C 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) IS BIRTHPLACE At place of death yrs. mos. da. OF MOTHER in the (State or country) Where was disease contracted 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... CIANS 20 UNDERTAKER ADDRESS wore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requisiting

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from en at home, who are engaged in the dutles of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day The materia

to time and cansatrom,
ed term for the same disease. Example
fever (the only definite synonym is "Epidemic cerespinal meningitis"); Diphtheria (avoid use of "Cronp");
Typhoid fever (never report "Typhoid pnenmonla");
Typhoid fever (never report "Typhoid pnenmonla"); Statement of Cause of Death-Name, first, the Dis-

> ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory nse of "Tumor" for malignant neoplasms); Meastes; and qualify as accidental, suicidal, or howicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatle), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Whooping cough; Chronic valvular heart disease;(mame orlgin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause fer which surgical operation was under "Puerperal septicuemia" "Puerperal peritonitis," (secondary or intercurrent) affection need not be Nomenclature of the American Medical Association.) of the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (disease Always qualify all failure," "Haemor-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUL 7 1932 UREAU V.S

-1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 06493
1	1. PLACE OF DEATH	(48)
1	County Doubles Non	Registration Dist. No. // 6
	Village or City Cambady nd	NoSt., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
	0	A serving in 0.5, ii of foliage until 1.5.
1	2. FULL NAME annie analle	Colmin
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED ("grite the word) OR DIVORCED ("grite the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowod, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
es.	6. DATE OF BIRTH (month, day, and year) JA 25 1867	I last saw h alive on mu 20 ,1957; death is said
cat	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at £32.5 P.m.
certificate.	4 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
ce	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER BOOKKEEPER att.	
Jo y	Children, booking in, co.	Carrinon offens whin
back	9 Andustry or business in which work was done, as SILK MILL, Retiral Public rehard works	to summing structures
instructions on back	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) 3 5 spant in this occupation	Co reasonating residence
ion	La Birmini ACP (alle as Assert)	Other Contributory Causes of importanca:
ruct	12. BIRTHPLACE (city or town) (State or country)	
nst	II 13. NAME James T. Comer	
See i	14, BIRTHPLACE (city or town)	Nama of operation Oate of Oate of
	(State of Country)	What test confirmed diagnosis?
important.	I 15. MAIDEN NAME Many Criphton	23. If death was due to external causas (VIOL ENCE) fill in also tha following:
ort	16. BIRTHPLACE (city or town)(State or country)	Accident, suicida, or homicide?
imp	(State of country)	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT CALL IV. CALL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place anhigh M. Oate July L., 1932	Nature of injury
TION	19. UNDERTAKER Frank E. albahah	24. Was disease or injury in any way related to occupation of deceased? 24
1	(Address) Cambridge, Pmd	If so, specify
	20. FILEO July 7, 19 32 Erwolf	(Signed) Cambridge Mrt. M. D.
	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) _____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMA mation should be carefully supplied. AGE should be stated EXA CAUSE OF DEATH in plain terms, so that it may be properly class	TION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(24)
County Dr Chustin	Registration Dist. No. 1/6
Villege or City Cambrilge	No. Molernal Froft. St., Ward
/	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME	
(a) Residence: No. Caulhuly My (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
T. COR DIVORCED (prite the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WiFE of	22. HEREBY CERTIFY, That I attended decased from
S DATE OF BIRTH (month day and year) 6/28-1934	Hast saw h 4 aliva on 478 ,19.34; death is said
7 ACF Years Months Days If IESS than	to have occurred on the date stated above, at 12 a.m.
I day, Y_hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BODKKEEPER, etc.	Conquese Aphilis.
S. Industry of Business II Which work was done, as STLK MILL, SAW MILL, BANK, etc	
kind of work dona, as SPINNER, SAWYER, BODKKEPPR, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 1D. Data decaased last worked at this occupation (month and yaar) yaar) occupation	
And,	Dether Contributory Causes of importance: note to bold 5 children 3
12. BIRTHPLACE (city or town) Y V V (State or country)	Still torn on live white water
E 13. NAME Ernert Crunh	
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Data of Data of
4. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beative Sampson	23. If death was due to external causas (VIDL ENCE) fill in also tha following:
15. MAIDEN NAME Leading Complete 16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Data of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Seattle Committee Comm	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDN, DR. REMDVAL	Manner of Injury
Piace Cambridge Data June 30, 19 32	Natura of injury
19. UNDERTAKER Souris Bayrelin	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge	if so, specify
20. FILED : June 30 19 3 2 ERWOLD	(Signed) M. D.
Registrar.	(Address) Cerulysta (M)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis 6 1932	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week o.go
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A Part of the Control	9 2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Q
County Norchester	Registration Dist. No. //6
Village or City Cambridge	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME In Lant 1 Quil	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 28 193 2
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) hine/28, 1932	I last saw to it alive on June 28, 1932; death is said
7. AGE Yeers Months Oays If LESS than	to have occurred on the date stated above, at 3:30 P.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of onset
sawyer, BOOKKEEPER, etc. Move	Still-born
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	700000000000000000000000000000000000000
SAW MILL, BANK, etc	
O 10 Date deceased last worked at this occupation (month and year)	
	Other Cuntributory Causes of importance:
12. BIRTHPLACE (city or town) Cambridge (State or country)	
1	
13. NAME JOSEPH Melson Wail 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of Country) / Caragrana.	Whet test confirmed diagnosis? Was there en autopsy? A
15. MAIDEN NAME Mary Elizabet Howers 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury19
(Stete or country) Maryland	Where did injury occur?
17. INFORMANT Mr. Melson Wail (Address) Camprulae, md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL at porte.	Manner of injury
Place Cambridge, Md. Date June 28, 193:	Nature of injury
19. UNDERTAKER Mr. Nelson Dail (Address) Open Middless Mr.	24. Was disease or Injury in any way related to occupation of deceased?
(nulfess) (untridge, Md.	If so, specify
20. FILED June 38, 19 32 Moly. Registrar.	(Signed) M.D. (Address) Cambridge, M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example Il	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A A Vary	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		2001 4 70P	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Physical Pro-		
The state of the s		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Doubles	Registration Dist. No. // 6
Village or City Campidge Ind.	NDSt.,Ward
(if Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME DOTA BROWN	Aush:11
(a) Residence: Np. 22 Placent	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND OF (or) WIFE OF Edmin Pashill	22. 1 HEREBY CERTIFY. That I attended deceased from 19 0 to 19 3
6. DATE OF BIRTH (month, day, and year) at 5/87/	I last saw h alive on, 1937; death is sald
7. AGE Years Months Dads If LESS than 1 day,hrs.	to have occurred on the date stated above, at
60 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.	Endoca ditis
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) Contact of the second of the s	
Date deceased last worked at this occupation (month end 19 3 2 spent in this occupation were)	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Chour hittral Denosis
13. NAME Jas. 2 Drym	Intertinal Whishi
13. NAME 14. BIRTHPLACE (ofty or town)	Name of operation Date of
(State of pountry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Carrelina Pallinana 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Bryan Dudrilly (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REPOVAL	Manner of Injury
Place Comfride ml. Date forty 1., 1932	Nature of injury
19. UNDERTAKER Tolk E. Blangth	24. Was disease or injury In eny way related to occupation of deceased?
(Address) Campalan hall	If so, specify
20. FILED July 1, 1932 Exproeff	(Signed) Canthy WW. M. D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation's very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis !	.1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	(
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARY PLACE OF DEATH CERTIFICATE OF DEA Registration Dist. No. y classificate. If death occurred in hospital or instituion, give its NAME in--tend of street and ..amber.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACELS SINGLE. be back WIDOWED (Month) OR DIVORCED may (Write the word) CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that instruction (Month) (Day) (Tear) and that death occurred on the date stated above, at 80 7 AGE If LESS than Supplied serms s I day ... hrs.yrs......ds.or.... min.? See 8 OCCUPATION (a) Trade, profession or plain particular kind of work. in plai (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory ATH impo 9 BIRTHPLACE Secondary (State or country) 4 (Duration) DE 10 NAME OF < FATHER B. 0 四四 11 BIRTHPLACE H *State the Disease Causing Death, or, in deaths from OF FATHER 0 0 Z Violent Causes, state (1) Means of Injury: and (2) whether (State or country u Accidental, Suicidal or I'omicidal 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 7 d stat 13 BIRTHPLACE Inthe At place OF MOTHER State.....yra.....mos. of death yrs.mos...... da. (State or country) should Where was disease contracted, of if not at place of death? Every Item CIANS short statement of usual residence... PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Registrar wors blanks are needed, address State Registrar. 16 W. Saratoga St., Batth., Regulating

NIONIE

FOR

RESERVED

MARGIN

BUREAU

(Approved by U. S. Ceusus and American Public Health Association.)

tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line Is provided for the latter statement; it Never return "Laborer," "Foreman," "Mauager," "Dealer," etc., without more precise specification as Day laborer. Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a ployed, as At *chool or At home. Care should be taken gaged in domestic service for wages, as Servant, Cook, or given up ou account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemen, etc. But in many The material definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emto report specifically the occupations of persons en-Housemuid, etc. If the occupation has been chauged fulness of various pursuits can be known. The ques-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, cases, especially in industrial employments, it is neces-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. Statement of Occupation---Precise statement of occupation is very important, so that the relative health-As examples: (a) (a) Foremun, (b) Automobile factory. should be used only when needed. whatever, write None.

Statement of Cause of Death—Name, first, the pisease causing using always the same accept to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

nges. peritonarum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart discase; symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debillty" ("Congenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure," "Haemorrhage," "Inanltion," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a defiuite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. State cause for which surgical operation was under-For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. by railway train-accident; Revolver wound of head-homicide; ture of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the (Recommendations on statement of cause of death approved by Committee on 'mqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory affection need not be (secondary), 10 ds. Never report mere symptoms or terminal (merely Nomenclature of the American Medical Association.) stated unless important. Example: Measles conditions, such as "Asthenia," "Anaemia" Poisoned by carbolic acid-probably suicide. causing death), 29 ds.; Bronchopneumonia Examples: Accidental drouning; Struck (secondary or intercurrent) head of "contributory."

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Doubish	Registration Dist. No.
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death of urredyrs,mos.	ds. How long in U.S. If of foreign blrth?yrsmosds.
2. FULL NAME Delia June D	man
(a) Residence: No. Cambridge had. //bryp. (Ususplace of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Elijah Dunn.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) man 9. 1875	I last saw her alive on June 25, 1932; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.00 Pm.
77 3 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	garney-Sarcoma Hip Oato of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL,	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and spent in this spent in this	
10. Date deceased last worked et this occupation (month and year) spant in this occupation	
0.1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	myrchan
E 13. NAME James Dayton	
14. BIRTHPLACE (city prown)	Name of operation. The Date of Date of
(State or county)	What test confirmed diagnosis? Section Was there an autopsy?
15. MAIOEN NAME Vanhumen	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT ON Duny (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carryly fr me Oate from 2 C , 1931	Nature of injury
19. UNOERTAKER Train E. Albaysh (Addigess) Cambridge my	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO June 27, 19 32 DERWOLF Registrar.	(Signed) John M. D. M. D. (Address) Camerine hu
If more blanks are needed address State Penistres	DAVE N. Charles Saved Belgimore Description #1 S. No.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 66499
item of in should of OCCU	County Or Charlin Village or City Cauchidge	No. Mulernet Hands St., Ward feeth occurred in a hospital or institution, give its NAME instead of street and number)
RECORD. Every in PHYSICIANS Exact statement of	The first that the control of the co	ds. How long in U.S. if of foreign birth?
PH CO	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH M 7 th (Month) (Day) (Pear)
RMANENT X A C T L J classified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
IS A PERM stated EX / properly clase certificate.	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 1hrs. or	to have occurred on the date stated above, at 1
Should be it may be in back of	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this	Date of onset
DING I. AGE so that uctions	year) occupation	Other Contributory Causes of importance: Our granted throw clusion
sur sur in t	13. NAME Celler Herely 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there en eutopsy?
INLY, WIT) be carefully EATH in pla	15. MAIDEN NAME Worth Ways 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?, 19, 19, 19
PEA Should OF D	17. INFORMANT Me the the the the the the the the the th	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER Trends E. Whood	Nature of injury 24. Was disease or injury In eny way related to occupation of deceased?
N. B.	20. FILED June 9, 19 32 JERWOH, Registrar.	(Signed) Canthuly M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUL 6 1332	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.	N.		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			CONTRACTOR OF PROPERTY AND ADMINISTRATION OF THE PARTY AND ADM	

County	Dorches	ter.	Registration Dist. No.	
Village or Cit	Cambrid	lge, Md.	No. Carety ye - Mrd, Hospital St., (If death occurred in a hospital or institution, give its NAME instead of street and number	
Length of reside	nce in city or town where	,	osds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAM	E Ile	h Elizabeth Ew	oll.	
(a) Residence	:: No. Bl]	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONA	L AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 20, 1932. (Month) (Day) (Y	
5a. If married, widowed HUSBAND of (or) WIFE of	d, or divorced Brady Ev	well.	22. I HEREBY CERTIFY That I attended decease Personal 1. 1812., to June 10., 19	
6. DATE OF BIRTH (m 7. AGE Years	Months	Days If LESS than 1 day,	to have occurred on the date stated above, at	
8. Trade, profess kind of wo SAWYER, I	ion, or particular rk done, as SPINNER, BOOKKEEPER, etc		were as follows: Date Menumorus (Lotos) for	
SAW MILL	done, as SILK MILL, , BANK, etc I last worked at ation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city (Stata or count	or town)	Elliotts.	Other Contributory Causes of Importanco: Chibracaloria - Calinoria /	
监 13. NAME	A.R. Dayte	on.	7	
(State or c	(city or town)	liotts, Md.	Nama of operation Data of What test confirmed diagnosis? Classical Was there an autopsy	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Cambridge, Md. 18. BURIAL, CREMATION, OR REMOVAL			23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
		. Date June22, 193	Manner of Injury	
Place Elliotts, Md. Date June22, 1932, 19. UNDERTAKER Frank E. Albaugh. (Addipps) Cambridge, Md.			24. Was disease or Injury In any way related to occupation of daceased?	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	rilis	1921	Run over by street cur	1 week ago	
Cerebral hemorrhage	JIII SE HEGO	July 5,1927	Peritonitis • • •	3 days ago	
	. 22.25.				
Other contributory ca	uses of importance;		Other contributory causes of importance:		
Gallstones		May 1,1923	*Gastroenteritis	1 year	
			. Oblivadi (bilandi . ileja		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 2 000 CO

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	li	Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DESCRIVE D	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 111 8 1952	July 5,1927	Peritonitis	3 days ago
	SURFAU V 8	4 4 5 h		
Other contributory ca	auses of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	90.	~	
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	 	.,	-20
	w	~	~

County_	Dorchester				Regis	stration Dist. No		6
Village or	r City Bucktown	a, Md.		ND.			_St.,	Ward
Length of r	residence in city or town wher	e death occurred	Vre mos	death occurred in a ke	ospital or institution, give	its NAME instead of st	reet and nu	mber)
	277	t B. Han			ong in 0.3. If of foreign i	birth:yrs	mos.	
2. FULL N								
(a) Resid	dence: No. Buc	ktown, l	WLCL e	St.,V	Vard.	nresident give city or t		
PERSC	NAL AND STATIS			ME	DICAL CERTIF			ate
3. SEX	4. COLOR OR RACE	5. SINGLE, M	ARRIED, WIDOWED,	21. DATE OF				
Male	White	OR DIVOR	CED (surise the word)		June	I5	1	93 2
5a. If married, wid	dowed, or divorced	ie amol), ;		(Month)) (Day)		(Year)
(or) WIFE of	Wido	owed)	911	22. 1 H	EREBY CER	RTIFY That I	attended de	ceased from
			Charleon!	your	, 19	, to		., 19. 3 2
	H (month, day, and year)	7/26/18		Clast saw h	alive on Brad	on Grows	B	death is said
	Years Months	Days	If LESS than I day,hrs.		the date stated above, a			
1	5I IO	I9	ormin.	The PRINCIPAL CA	AUSE OF DEATH and rela	ated causes of importar	1-	Date of onset
8. Trade, pro	ofession, or particular of work done, as SPINNER,	ageng .						Pate or onse
		Farmer		S S	11.4.	manual A 11	- Mar	110
SAWY	ER, BOOKKEEPER, etc	TOT HOT		sun	may wo	Ch.	41	6 /40
9. Industry o	or business in which was done, as SILK MILL,	-X-0111101		Sun	shat wo) as		6./.40.
9 Industry of work work work work work work work work	or business in which was done, as SILK MILL, MILL, BANK, etc	X	ai time (vears)		may wi)		.6./.40.
11113 00	or business in which was done, as SILK MILL,	X 11. Tota	al time (years) pant in this	2	may wi	- J. cas		.6./.49.
9 Industry of work work work work work work work work	or business in which was done, as SILK MILL, MILL, BANK, etceased last worked at ccupation (month and	X 11. Tota			Causes of importance:	· ·		.6 / .40.
year)	or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at ccupation (month and	X 11. Tota X 0	pent in this			, co		.6./.9.
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at ccupation (month and (city or town) Maryla	X 11. Tota X \$ o	pent in this			, co		
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc assed last worked at ccupation (month and (city or town) ountry) Maryls Samuel B. Ha	X 11. Tota X \$ o	pent in this			,		
12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at coupation (month and (city or town) ountry) Maryl Samuel B. Ha	X 11. Tota s o	pent in this X ccupation X		Causes of importance:	<i>δ</i>	late of	
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc assed last worked at ccupation (month and (city or town) ountry) Maryla Samuel B. Ha (CE (city or town) or country)	x 11. Total stand and sand waryland	pent in this X ccupation X	Other Contributory Name of operation. What test confirmed	Causes of importance:	D Was ti	late of	
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MIL	x 11. Total stand and sand waryland	pent in this X ccupation X	Other Contributory Name of operation. What test confirmed 23. If death was due to	Causes of importance: I diagnosis? Estate to external causes (VIOL	D Was ti	hate of	opsy?
year) 12. BIRTHPLACE (State or compared to the state of compared to the state of t	or business in which was done, as SILK MILL, MILL, BANK, etc eased last worked at coupation (month and (city or town) Ountry) MARY OF (city or town) Or country) NAME MARGAR MARGAR MARGAR (CE (city or town)	x 11. Tota x 5 and andy. Maryland et(Hu	pent in this X ccupation X	Other Contributory Name of operation. What test confirmed 23. If death was due to Accident, suicide, or	Causes of importance:	D Was ti	hate of	opsy?
year) 12. BIRTHPLACE (State or compared to the state of	or business in which was done, as SILK MILL, MILL, MILL, BANK, etc passed last worked at coupation (month and coupation (month and coupation) Samuel B. Hance (city or town) or country) NAME Margare ACE (city or town) or country) NAME Margare ACE (city or town)	x 11. Tota x 12. Tota and andy. Maryland et(Hu: aryland	d rlock	Other Contributory Name of operation. What test confirmed 23. If death was due (Accident, suicide, or Where did injury oc	Causes of importance: I diagnosis? Septento external causes (VIOL r homicide) Cour? Septento Cour? Septento Cour? Septento Cour? Septento Cour?	D Was ti	late of	7,1932
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc assed last worked at coupation (month and (city or town) ountry) Maryl: Samuel B. Ha CCE (city or town) or country) NAME Margar CCE (city or town) or country) MARY	x 11. Tota 11. Tot	d rlock	Other Contributory Name of operation. What test confirmed 23. If death was due (Accident, suicide, or Where did injury oc	Causes of importance: I diagnosis? Sycato external causes (VIOL r homicides (Sycator)	D Was ti	late of	7,1932
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc cassed last worked at ccupation (month and (city or town) country) Maryl: Samuel B. Ha CCE (city or town) or country) NAME Margar CCE (city or town) or country) Maryl: Margar CCE (city or town) Or country) Maryl: Margar CCE (city or town)	x 11. Tota 11. Tot	d rlock	Other Contributory Name of operation. What test confirmed 23. If death was due (Accident, suicide, or Where did injury oc	Causes of importance: I diagnosis? Septento external causes (VIOL r homicide) Cour? Septento Cour? Septento Cour? Septento Cour? Septento Cour?	D Was ti	late of	7,1932
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc passed last worked at coupation (month and (city or town)	x 11. Tota 11. Tot	d rlock	Name of operation. What test confirmed 23. If death was due to Accident, suicide, or Where did injury oc Specify whether inju	Causes of importance: I diagnosis? Septento external causes (VIOL r homicide) Cour? Septento Cour? Septento Cour? Septento Cour? Septento Cour?	D Was ti	late of	7, 193 2
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc cassed last worked at ccupation (month and (city or town) country) Maryl: Samuel B. Ha CCE (city or town) or country) NAME Margar CCE (city or town) or country) Maryl: Margar CCE (city or town) Or country) Maryl: Margar CCE (city or town)	x 11. Tota 11. Tot	d rlock	Name of operation. What test confirmed 23. If death was due to Accident, suicide, or Where did injury oc Specify whether inju	Causes of importance: I diagnosis? Septento external causes (VIOL r homicide) Cour? Septento Cour? Septento Cour? Septento Cour? Septento Cour?	D Was ti	late of	7, 193 2
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, MILL, BANK, etc passed last worked at coupation (month and country) Samuel B. Hance (city or town) or country) NAME Margar OCE (city or town) or country) MYS Levin Cambrid, ATION, OR REMOVAL mbridge, Md Granville	x 11. Tota 11. Tot	d rlock	Name of operation. What test confirmed 23. If death was due to Accident, suicide, or Where did injury oc Specify whether inju Manner of injury	Causes of importance: I diagnosis? Septento external causes (VIOL r homicide) Cour? Septento Cour? Septento Cour? Septento Cour? Septento Cour?	Was ti ENCE) fill in also the Date of injury y city or town, county Y, in HOME, or in PUI	here an auto following: and State) BLIC PLACE	7,1932
year) 12. BIRTHPLACE ((State or co	or business in which was done, as SILK MILL, MILL, BANK, etc assed last worked at coupation (month and (city or town)	x 11. Tota 11. Tot	d rlock	Name of operation. What test confirmed 23. If death was due to Accident, suicide, or Where did injury oc Specify whether inju Manner of injury	d diagnosis? Sylvato external causes (VIOL rhomicides of importance:	Was ti ENCE) fill in also the Date of injury y city or town, county Y, in HOME, or in PUI	here an auto following: and State) BLIC PLACE	7.1932
year) 12. BIRTHPLACE (State or	or business in which was done, as SILK MILL, MILL, MILL, BANK, etc passed last worked at coupation (month and country) Samuel B. Hance (city or town) or country) NAME Margar OCE (city or town) or country) MYS Levin Cambrid, ATION, OR REMOVAL mbridge, Md Granville	x 11. Tota 11. Tot	d rlock	Name of operation. What test confirmed 23. If death was due to accident, suicide, or Where did injury oc Specify whether inju Manner of injury Nature of injury 24. Was disease or in	d diagnosis? Sylvato external causes (VIOL rhomicides of importance:	Was ti ENCE) fill in also the Date of injury y city or town, county Y, in HOME, or in PUI	here an auto following: and State) BLIC PLACE	7, 1932

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1999

STATE O	F MARYL	AND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH			(202-m)
County Dorchester Village or City Cambridge	ge, Md.		Registration Dist. No. II6 No. Cambridge Maryland Hospital Ward
Length of residence in city or town where de	ath occurredyrs		f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosmos
2. FULL NAME Ruth Al:	ine Hardin	ıg.	
(a) Residence: No. Cambrid	Usual place of about		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, V OR DIVORCED (with Single	WfDOWED, re the word)	June 23rd 1982 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) App	ril 7th I9	38	
7. AGE Years Months	Oays If	f LESS than	to have occurred on the dato stated above, at 8 • 4 Q. P • M • The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None		hemmlage Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. SAMYER, BOOKKEPER, etc. SINDUSTRICT OF WORK WAS done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	x		Tractor was being used as agricultural ma- chinery . Child was not employed ; was simple
10. Oate deceased last worked at this occupation (month and year)	11. Total time (ye spent in the occupation	is ~	riding on it for followine. Central. Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Maryle (State or country) Maryle	and		but leg faculed any from body
13. NAME Matthew Hardin	1g		"Puteal ruther humb, thilde fright influent
TA BIDTUDI ACE (city or town)	aryland		Name of operation Rep air of unit Date of 4723-34 What test confirmed diagnosis? for the Was there an autopsy?
15. MAIOEN NAME Nannie	McBride		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Nannie 16. BIRTHPLACE (city or town) (State or country) M.8	aryland		Accident, suicide, or homicide? accident - Oate of injury Left 1967.
17. INFORMANT Mr. Howard Ha		Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. At home while valing an femile of bracks.
18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md.	Date 6/25/	/32 ₁₉	Manner of injury bething in femle of tracks
19. UNOERTAKER Granville S (Addyess) Cambridge	Le Compte e, Marylan		24. Was disease or injury in any way related to occupation of deceased? WO
20. FILED June 25, 1932	Erwolf	Registrar.	(Signed) Qambudya M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BEED?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH

Length of residence in city or town where death occurred 39 yrs.

Village or City

PERSONAL AND STATISTIC	CAL PARTICULARS	If nonresident give city or town and	
3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months 8. Trade, profession, or particular kiad of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Henson A 2 3 18 9 3 Days If LESS than 1 day, hrs. or min. Denual Lahan	I HEREBY CERTICY, That I ettended 19.7 to 19.7 to 19.7 to 19.7 to have occurred on the date stated above, at 10.5 mm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) 2. BIRTHPLACE (city or town) (State or country)	2 11. Total time (years) 2 spant in this 2 occupation 2 5	Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLADE (city or town) (State or country) 15. MAIDEN NAME	hater la	Neme of operation	
16. BIRTHPLACE (city or town) (Stata or country) 17. INFDRMANT (Address)	Cant my	Accident, suicide, or homicide? Date of Injury Where did Injury occur?(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te)
18. BURIAL, CREMATION, OR REMOVAL Place Waugh Curvature 19. UNDERTAKER A CAMPAGE (Addiess) Campage (Addiess)	Date June 26, 1932 If Clare brudge ms	Manner of injury Nature of injury 24. Was disease or Injury In any way related to occupation of deceasad? If so, specify (Signed)	nv
20. FILED June 2 0, 19 0 2	Registrar.	(Address) Ambada R	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis :	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage .	July 5, 1927	Peritonitis	3 days ago	
BURRAU V. S.				
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Downse	Registration Dist. No. 113
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Many tusulla	Leading
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of JOS 11-08	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 1845 June 11 Min	I last saw h atte on June 24 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caucin ma Liver 1930
9. Industry or business in which work was done, as SILK MILL, own leaves and mill, BANK, etc.	,
Solution of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation.	
12. BIRTHPLACE (city or town) Caylors deland, (State or country)	Other Contributory Causes of importance:
# 13. NAME 9 570 Consider	Queen with
E () 7 0 800 0	Hypertensin
(State or country)	Name of operation
H 15. MAIDEN NAME	What test confirmed diagnosis? Was there an autopsy? No
I S DIDTING ACT (1)	23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town).	Where did injury occur?
17. INFORMANT Clube Company (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Date 1937	Menner of injury
19. UNDERTAKER LONG & Richardson (Address)	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED P. Tue Registrat.	(Signed) A Merel of Look Rus
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebrol hemorrhage	July 5, 1927	Peritonitis	3 days ogo
JUL 6 1932			
Other contributory causes of importance: Gallstones BUREAU V. S.	May 1,1923	Other contributory causes of importance: Gostroenteritis	1 year

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information-should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH #5506
1. PLACE OF DEATH	46)
County Darchester	Registration Dist. No.
Village or City Condtown	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. If 01 foreign birth?yrsmosds.
2. FULL NAME David Jakson	
(a) Residence: No. Constant	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
m lot mined	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE 01	22 I HEREBY CERTIFY. That I attended deceased from
(d) miles france	They 1 , 19 3 t, to June 12, 1932
6. DATE OF BIRTH (month, dey, and year)	i lest sew has alive on 1957; death is seld
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete stated above, at 1/1.3.20 mm.
70 11 27 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance water as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER,	Caraman of stomach 1932
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at this peception (mostly and second last worked) 11. Total time (yeers) spent in this	
work wes done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked at this occupation (month and spent in this	
yeer) spent in this occupetion conditions and occupetion spent in this	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stata or country)	-
13. NAME Shamo Jackson	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME MAKENAWA	23. II deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stele or country)	Accident, suicide, or homicide?
In a not see	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Contain Cond	Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place E. Mewmorket Cem Dete June 13, 1932	Nature of injury
19. UNDERTAKER AND COMP.	24. Wes disease or injury in any way related to occupetion of deceesed?
(Address) 208 Muis Dt. Cumbritie Md.	I1 so, specify
20, FILED June 15, 19 32 ERLOOF	(Signed) M. D. M. D. M. D.
/ Registrar.	(Address) and add The

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUL 8 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year
			1

state UPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	82-0
OCC	County Anchestu	Registration Dist. No.
should of OCC	Village or City Custle Aven	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
0		death occurred in a norpital or insutution, give its IVAIVIE, instead or sireet and number) ds. How long In U.S. If of foreign birth?yrsmosds.
AN nem	2. FULL NAME Caroline Kish	Kiah
PHYSICIANS act statement	0 +1 1/	
St.	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
\succ	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
T L	58. If married, widowed, or divorced	(Month) (Day) (Year)
C #	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
X A class		april 3 ,1932, to april 3 ,1922
	6. DATE OF BIRTH (month, dey, end year) \\ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/	I last saw h alive on , 1932; death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. B. 2.2.5.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
stated proper ertific	7 / ormin.	were es follows:
be. s	8. Trade, profession, or particular kind of work done, as SPINNER, SAUVER BOOKERSEES are	Chillian Humaning 21.3.3
	JANTEN, DOUNTELLEN, CIC.	rempagna of site 4-3.3
should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
s sh t it on	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
oplied. AGE erms, so that instructions o	No. 1. t. C.	Other Contributory Causes of importance:
so	12. BIRTHPLACE (city or town) (State or country)	
illy supplied plain terms, See instru	E 13. NAME Chas. Sinh	
ter ter	E h 1 t c	Neme of operation Date of
·= 00	14. BIRTHPLACE (city or town). (State or country)	What test confirmed diagnosis? Climine Was there en autopsy?
carefully TH in pla	15. MAIDEN NAME Clizabeth (P)	23, If deeth was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
hould be car OF DEATH very import	∑ (State or country)	Where did injury occur?
	17. INFORMANT Livey Comish	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
should OF D	(Address) Castle Annex	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place / Date Date L3, 193	Nature of injury
CAUSE TION is	19. UNDERTAKER A. M. St. Claus	24. Wes disease or injury In any way related to occupation of deceased?
201	(Address) Danburdge In	If so, specify
0	20, FILED June 23, 0 32 28 18 09 9	(Signed) M. D.
0	Registrat.	(Address)
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06507

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronie interstitial dephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

100	ADDI'	FIONAL SPACE FO	R FURTHER STATE	EMENTS BY PHY	YSICIAN 19 5 2	
Uni	/2mm	James	me	ague	3 1/2	
		V				

state OCCUPA pluods statement RECORD BINDIN certificate. RESERVED back may on that instructions MARGIN plain terms, important .E DEATH pluods OF CAUSE

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Dorchester Registration Dist. No. 116 Madison No.____St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Village or City Length of residence in city or town where death occurred yrs, mos. ds. How long in U.S. if of foreign birth? yrs, mos, ds. Ella B. Linthicum. 2. FULL NAME Madison, Md. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Fema.le White Widowed 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from The Late Alvin Linthicum (or) WIFE of 2/24/ 1874. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the data stated above, at .. Days 58 1 day,____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House work 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ____ 12. BIRTHPLACE (city or town) Maryland (State or country) FATHER Winfield Brooks. 13, NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER Ella Tollev 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Chas Bromwell Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Madison, Md. (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Place Madison Md. Date 6/15 / 132. Nature of Injury Granville S. Le Compte. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER ... (Address) Cambridge, Md If so, specify_ Jan 14 1932

Date of onset

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GSAISOS	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		/		
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	be stated	EXACTLY. PHYSICIAL	S should st	es
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	e properly	classified. Exact statemen	t of OCCUP	0
TION is very important. See instructions on back of certificate.	of certifical	ė	/	

				YLAND-	CERTIFICATE OF DEATH	6509
	1. PLACE OF D	EATH "IT BI	W		(131)	W. Sel. 34. 35
	County Doro	chester	PORAT	E-CINITE C	Registration Dist. No. II6	
		Cambrid		(1)	No. Cambridge Md. Hospital. St., f death occurred in a hospital or institution, give its NAME instead of street and	
					sds. How long in U.S. if of foreign birth?yrsm	osds.
	2. FULL NAME					
2770		10. 600 Rac	(Usual place	of abode)	St., Ward. 4 If nonresident give city or town and	I State
_		AND STATIST	7		MEDICAL CERTIFICATE OF DEATH	
	Male 4.6	White		RRIED, WIDOWED, D (rupite the word) D C	June 5 (Month) (Day)	, 193 2 (Year)
5a	I. If married, widowed, or HUSBAND of Se (or) WIFE of	arah Lamb	ert.		22. HEREBY CERTIFY, That I attended may 1932, to Jun 5-	
6.	DATE OF BIRTH (mont	h day and year)	7/16/18	SI.		: death is said
-	AGE Years	Months IO	Days I9	If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
-	8 Trade profession	or particular	1 20	ormin.	were as follows:	Date of onset
OCCUPATION	9. Industry or busing work was done SAW MILL, BA 10-Data deceased las this occupation	e, as SILK MILL, NK, etc It worked at	Sales	ma.II.	Cardis- yund. Voscula disland	Mittern
_	z. BIRTHPLACE (city or t	&	occ	upationX	Other Coutributory Causes of importance: Leanday answer	2mKm
R	1	liam Lord				-
FATHER	14. BIRTHPLACE (city (Stata or coun	or town)	yland		Name of operation Date of What test confirmed diagnosis? Was there an	autopsy? 200
HER	15. MAIDEN NAME	Sadonia	Tyler.		23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city (State or coun		land,	•••••••••••••••••••••••••••••••••••••••	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17		s. Chas W Cambridge	. Lord.	and.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18	B. BURIAL, CREMATION, Place Hur	or REMOVAL lock; Md.		7/32.,19	Manner of injury	
19		anville S Cambridge			24. Was disease or injury in any way related to occupation of deceased?	n
20		6,1932	o. E.w.	Registrar.	(Signed) E & Walge in (Address) Countri age in	M. D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contribution rauses of importance	T
Gallstones	May 1,1923	Gastroenteritis	1 year
		0.0	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1,

(9/a)			111
	Registration Dist.	No	16
death occurred in a hospital or instituteds. How long in U.S. If of	ion, give its NAME inste foreign birth?		
St., Ward.	If nonresident give	city or town and	State
MEDICAL CI	ERTIFICATE OF	F DEATH	
21. DATE OF DEATH	June (Month)	/ (Day)	, 193 (Year)
1 last saw h alive on	19/2, 10 Jr	That I attended	deceased from
to have occurred on the date state. The PRINCIPAL CAUSE OF DEAT were as follows:	H and related causes of	am. Importance	Date of one of
Other Contributory Causes of impo	rtance:	attin l	Jan
Name of operation	Umial	Date of	utopsy?
23. If death was due to external cau Accident, suicide, or homicide? Where did Injury occur? Specify whether injury occurred In	(Specify city or town	of injury	, 19 e)
Manner of injury			
24. Wes disease or Injury In any we	ey related to occupation	of deceased?	Ilo M.

20. FILED

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Exam	ple I	, k	Example II	
The principal cause of death a of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	A 1601	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUL D YOU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	, T	July5,1927	Peritonitis	3 days ago
	X. =			
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

OCCUPA-

1. PLA Coun Villag

Lengt

2. FUL! (a) I PER

3. SEX Male

5a. If married HUSBA

6. DATE OF

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

7. AGE

OCCUPATION

(or) WI

S	TATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	511
CE OF DEAT	H ees			46	UEE
ty_Dorche	ster	-	LIBITE OF	Registration Dist. No II6	
ge or CityC&	ambridg	e Md.	•	No ambridge Md. Hospital. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
h of residence in cit				ds. How long in U.S. if of foreign birth? yrsmo	
		dge, Md (Usual place		St., Ward. If nonresident give city or town and S	State
RSONAL ANI	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Nhite		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH June (Month) 28thay)	193c
I, widowed, or divor ID of FE of Lot		rk.		22. HEREBY CERTIFY, That I attended d	eceased from
BIRTH (month, day,	and year)	I/25/I	372	I last saw h w alive on 6 28	death is seid
Years	Months	Days	If LESS than	to have occurred on the date stated above, at 3.30. R.M.	
60	5	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	D
e, profession, or par ind of work done, e AWYER, BOOKKEEP	S SPINNER. TAL	aterman		Concenous of firm "	Date of onset
stry or business in ork was done, as SI AW MILL, BANK, et	LK MILL.			had y conons	
deceased last work nis occupation (mon ear)	ed at th and		me (yeers) at in this X petion		
ACE (city or town)_	maryl	and.		Other Custributery Causes of importance:	

12. BIRTHPL (State Hiram Mills. FATHER 13. NAME 14. BIRTHPLACE (city or town) Neme of operation maryland. (State or country) What test confirmed diagnosis? MOTHER Wells. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? __. 16. BIRTHPLACE (city or town) Maryland. (State or country)

Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceesed? (Signed)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Lottie Mills Cambridge, M

Md Date

Granville S. LeCompte.

Cambri ge.

rs

18. BURIAL, CREMATION, OR REMOVAL

une 30 19

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	191ő	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist No. Md. Hospital st. Mid. Hospital st. Bif of foreign birth? If nonresident give city or town CERTIFICATE OF DEAT H June 2 1932 (Month) BY CERTIFY That I atter 1932, to 1932 1932 1938 Stated above, at 4 30 Pr. M.	m and State TH 193 (Year) ended deceased from 2, 19,3, 2
If nonresident give city or town CERTIFICATE OF DEAT (Month) BY CERTIFY That I atter 1932, to 1932 1932, 1932	m and State TH 193 (Year) ended deceased from 2, 19,3, 2
If nonresident give city or town CERTIFICATE OF DEAT (Month) BY CERTIFY That I atter 1932, to 1932, 1932	m and State TH 193 (Year) ended deceased from 2, 19,3, 2
If nonresident give city or town CERTIFICATE OF DEAT H June 2 1932 (Month) BY CERTIFY That I atter 1932, to	n and State TH , 193 (Year) ended deceased from 2, 19,3,2
H June 2 1932 (Month) BY CERTIFY That I atter	, 193 (Year) ended deceased fro Z , 19 3 2
H June 2 1932 (Month) BY CERTIFY That I atter	(Year) ended deceased from Z., 19.3.7
H June 2 I 932 (Month) BY CERTIFY That I atter 1932, to 1932	(Year)
June 2 I 932 (Day) BY CERTIFY That I atter 1932, to 1932	ended deceased fro
BY CERTIFY That I atter	ended deceased from
1932 to 2 ,19	2 , 19 3 2
1932 to 2 ,19	2 , 19 3 2
June 2 , 19.	
	32; death is sai
Stated and of at & They bear 18 TAP 6	-
DEATH and related causes of importance	
	Oate of onse
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importance:	
Pouronia	2 mg
Date	of
? Eran Was there	e an autopsy?
ol causes (VIOL ENCE) fill in also the follo	lowing:
? Date of injury	19
	16
ed in INOUSTRY, in HOME, or in PUBLIC	C PLACE.
ny way related to occupation of deceased	, no
	m.
na de	6

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "eniployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	H.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were as	f death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	705 9 705	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	facuracit	3 days ago
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastrocnteritis		1 year
		- · · · · · · · · · · · · · · · · · · ·		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

200	

V. S. No. 1

	County J	тн Dorches:	ter	,	Registration Dist. No.	19
	Village or City	B	1000	(1	NoSt., f death occurred in a horpital or institution, give its NAME instead of street ar sds. How long in U.S. If of foreign birth?yrs	
2. F	TULL NAME (a) Residence: No.	Laura 1	3. Murpl	hy. id.	St., Ward. If nonresident give city or town a	
	PERSONAL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	l
3. SEX		or or race	OR DIVORCE	RRIED, WIDOWED, ED (write the work)	21. DATE OF DEATH EXXX June 20,1932. (Dev)	, 193 (Year)
HU	narried, widowed, or div USBAND of r) WIFE of		Murphy		22. I HEREBY CERTIFY, Thet t attend	led deceased
	E OF BIRTH (month, da	1	June 1,1	Name and Address of the Owner, where the Person of the Owner, where the Owner, which is	1.30 P.M.	deeth is
7. AGE	Yeers 87	Months	Days 20	If LESS than 1 day,hrs. ormin.	to heve occurred on the date steted above, at	Date of e
.uPATION 6	Trade, profession, or p kind of work done SAWYER, BOOKKE Industry or business i work was done, as SAW MILL, BANK,	as SPINNER, EPER, etc n which SILK MILL, etc		18ework.	Cardetis Russ	Q. T
12. BIR	Date deceased lest we this occupation (myear)		II, lotal sp	time (years) ant in this cupation	Other Contributory Causes of importance:	
~	(State or country)					
E	BIRTHPLACE (city or t	own) Mo			Neme of operation Date o What test confirmed diagnosis? Was there	
当 15.	MAIDEN NAME	arah De	onn.		23. If death wes due to external ceuses (VIOL ENCE) fill in elso the follow	
16. BIRTHPLACE (city or town) (State or country)					Accident, suicide, or homicide?	
17. INF	ORMANTB. (Address) RIAL, CREMATION, OR	Bisho	phy.	Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BUF	PlaceBisho]	8 Read	May Ju	1932,, 1932	Menner of Injury	
	DERTAKER (Address)		dge M		24. Was disease or Injury in any wey related to occupation of deceesed? If so, specify	ro
20, FILI	/	4	.7/	d 10 -11-1/	(Signed) O. M. Jacober	

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis • R	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

should state Every item of infor-Exact statement of OCCUPA. PHYSICIANS WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, N. B.

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		<u> </u>
County Dorchester	•	Registration Dist. No. 1/6
Village or City Madian	(1	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	occurredyrs,mos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Infant	opher	
	(Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	R DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced		(Month) (Oay) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from 22. tatall 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year)	2-1932	I last saw h alive on here 19 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at _6m.
Still- 1m.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	one	Still- born (4/2 months)
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this excusation (month and	mi	
10. Dato deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Moslins		Other Contributory Causes of importance:
(State or country)	d.	
13. NAME John Janif	er-	
13. NAME John Janif		Name of operation Date of
(State of country)		What test confirmed diagnosis?
15. MAIDEN NAME OVERLIE CO	plus	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME VELLE OF 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of injury, 19
(State or country)	\ \ \	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Print (Address)	cou.	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Madison, Mid Dat	. Jun 3 1922	Manner of Injury
19. UNDERTAKER John F. Ma (Address) Madran	rice	Nature of Injury 24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jun 3 , 193 2 E	Reday Registrar.	(Signed) E E Wolff- 2.R M.D. (Address) Cambridge, 24.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	06515
1. PLACE OF DEATH	Yala .	3	,
County Dar Chesle		Registration Dist. N	10. 116
Village or City	e rough	No. Malint 11mh	St., War
Length of residence In city or town where dea		ideath occurred in a hospital or institution, give its NAME instead	
Length of residence in the of town where dear	till occurredyrs,mos	now rong in 0.5.11 of foreign birth?y	/rsd
2. FULL NAME (a) Residence: No. Quilly 1	1.000		
(a) Residence: No. 40077	(Usualblace of abode)	St., Ward. If nonresident give city	v or town and State
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5		MEDICAL CERTIFICATE OF	
3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WILLOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Time h	+ 2
- tulitte			Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	igle.	22. I HEREBY CERTIFY, The	at I attended deceased fro
(/	121/1033	Ceril 6 Inst	19.03.7
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months When Many Many Many Many Many Many Many Man	Days 1932	to have occurred on the data stated above, at 10.674 m	, 1922; death is sa
Still Brown ar6 ming	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of im	
8. Trade, profession, or particular	6 ormin.	were as follows:	Date of ense
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	me	Fortus Maylin Mery	hr :
Mork was done, as SILK MILL,		10-days cabrupta Al	banto
Kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc SAWYER, BOOKKEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Data deceased last worked at this corrupation (most	11, Total tima (years)		
this occupation (month and year)	spent in this ~		
muli	- Occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (Stata or country)		-	
13. NAME Prom 1-Van	15		
13. NAME Common 14. BIRTHPLACE (city or town) 15.	11	Name of operation — Tmy	Data of
(State or country)		What test confirmed diagnosis?	Lack Date of Lack Date of Surface of Surface Office Office of Surface Office of Surface Office of Surface Office Office of Surface Office Office of Surface Office Off
# 15. MAIDEN NAME fadie	Daeun	23. If death was due to external causes (VIOL ENCE) fill in also	
15. MAIDEN NAME Columbia	mi	Accident, suicide, or homicide? Date of	
S (Stata or country)		Whera did injury occur?	
17. INFORMANT Justice & G	115	(Specify city or town, or Specify whether injury occurred in INDUSTRY, in HOME, or	ounty and State) in PUBLIC PLACE.
(Address) and	us P.O. My.	_	
18. BURIAL, CREMATION, OR REMOVAL	1 1	Manner of injury	
Place Combudge Nospilas	Data June 24, 1932	Nature of injury	
19. UNDERTAKER Orderly at	! hospital	24. Was disease or injury in any way related to occupation of	deceased? 220
(Address) Cambridge	md.	If so, specify	
20. FILED June 25, 19 32	Erwolf	(Signed)	m.
	Registrar.	(Address) Caulmys !	YA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I I I I	1 1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B

	ST	ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	516
	Dorol	ester.	TRIN MORPOR	To Liero eg	Registration Dist. No.	16
				/11	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	
					ds. How long in U.S. If of foreign birth?yrsmo	sds.
2. FULL NA (a) Reside				M. Paul. igh St.	St., Ward. If nonresident give city or town and	State
PERSOI	NAL AND	STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male Male	4. color	OR RACE	5. SINGLE, MAR OR DIVORCEI MATTI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June 23, 1932. (Month)	, 193
5e. If married, wido HUSBAND of (or) WIFE of	wed, or divoso	(30)	James.		22. I HEREBY CERTIFY. That t ettended of the state of the	deceased from
6. DATE OF BIRTH	l (month, day,	and yeer)	ct.8.18	66.	I last saw h elive on	; death is seld
7. AGE Ye	ears 65	Months 8	Days 15	If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, at	Date of onset
8. Trade, profind of SAWYE			Plast	erer.	Carclio Renal Nascula	Date of onset
U I	as done, as SI ILL, BANK, et	LK MtLL,	1 11 7-4-14		dinare	
10. Date decea this occ year)	upation (mont	ed at th and	11, Otal ti	me (yeers) nt in this ipation	Other Caatributary Causes of importence:	
12. BIRTHPLACE (c)		Me	l _o	•	The vertex	
13. NAME 14. BIRTHPLAC			Paul.		Name of operation Date of	
(State o	or country)				What test confirmed diagnosis? Was there an a	
15. MAIDEN N 16. BIRTHPLAC			eth Ree	60.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Address)	Jı	ames Pa	ul.		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	cE.
18. BURIAL, CREMA		MOVAL		26 ,1932	Manner of Injury	
19. UNDERTAKER (Address)			Albang		24. Was diseese or injury In any wey related to occupation of deceased?	
20. FILED Jun	el25,19		281	Nolf/ Registrar.	(Signed) Cautholy M.	M. D.

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Example-I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis .	3 days ago
		• 0=====	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		· Mare Maren First	

SIAI	E OF M	ARYLA	שא
CERTI	FICATE	OF DE	ATH
Re	gistration D	ist. No.	1/6
St.:	Ward)	(If death	occurred in

tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH (Month) (Year) (Year) I HEREBY CERTIFY, That I attended the deceased and that death occurred on the date stated above, at ...

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

At place of deathyrsmosds.	In the Stateyrsmosd
Where was disease contracted,	

DATE OF BURIA

If more branks are needed, addresa State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken. Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know whatever, write None. business, that fact may be indicated thus; Former (rgor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Loborer-Coal mine, ctc. Womwithout more precise specification as Doy (b) Automobile foctory. The material (a) the kind of work and also (b) the 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia");

> approved by Committee on Nomenclature of the 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need and (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Whooping Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

of OCCUPA-

STATE OF MADVI AND	CERTIFICATE OF DEATH 06518
1. PLACE OF DEATH	CERTIFICATE OF DEATH 10010
County Dorchester	1/0
Village or City Near Finchville,	Registration Dist. No. 110
Village of City 16 GMT A TITOTIVILLES	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Henry Thomas,	
(a) Residence: No. Federalsburg, Md. R.F.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male. Colored OR DIVORSED Figure word)	June. 28th. 1992
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	122. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 14th. 1930	I last saw h/ 1/1 aliva on World 3/ Mo, Ca 190; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at $10.35\mathrm{m}$
2 2 14 l day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as feelows:
8. Trade, profession, or particular	Lucy on anewal Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cause of death
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	lenburder-
10. Date deceased last worked at this occupation (month and spant in this	Throw tosis
year) spantin this	
12. BIRTHPLACE (city or town) Orange,	Other Contributory Causes of importance:
(State or country) New Jersey.	Untofry- Stomach sent
13. NAME George J. Thomas,	JOY Hapunathen nothing found on
14. BIRTHPLACE (city or town) (State or country) New Jersey	Avame of operation famination of storacloste of
(State or country) New Jersey, 5 15. MAIDEN NAME Ruth U. Evans,	What test confirmed diagnosis?
Dorchester Co	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country) Maryland.	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
IT. INFORMANT Ruth U. Thomas,	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Federalsburg, Md. R.F.D.	
18. BURIAL, CREMATION, OR REMOVAL Place Cokesbury, Md. Date June 30", 32	Manner of injury
Placa Date Date , 1902	Nature of injury
9. UNDERTAKER J. T. Franctos & Son,	24. Was disease or injury in any way related to occupation of deceased?
(Address) Federalsburg, Md.	If so, specify
20, FILED June 29, 1932 (Rolt & Maskings) Resilvar.	(Signed) M. D. (Ardress) Helentilling M.D.
Kegistrar.	'n' uless'

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causés of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 06519
1. PLACE OF DEATH	3
County Dorchesler	Registration Dist. No.
Village or City wingates	NoSt., Ward
	If death occurred in a hospitel or institution, give its NAME instead of street and number) ds. How-long In U.S. If of foreign birth?
2. FULL NAME not named - 16	11
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH fine 22 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
E DATE OF BIRTH (month day and year) Lune 22 193	, to, 19, 19
. DATE OF BIRTH (Month, day, and year)	, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. \midnight
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sullvorn
9. Industry or business in which	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (manth and	
year) ve occupation north	Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) &	
(State or country)	
13. NAME Ravon a. Lodd 14. BIRTHPLACE (city or town) Sev CO	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME nettie m Dean	23. If death was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city/or town)	Accident, sulcide, or homicida?
D. C. A. I.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DAVON Conditions (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place wing atta Date June 23, 1932	
10 HADEDTAKED RASTON G 4 91 / Figth	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER PArton G. Ludy Tather	If so, specify
20 FILED Frame 22 1932 Worlson & Pritchell	(Signed) Shreed & Duyman, M.D.
20. FILED June 22, 1932 US Son & Vrife het	(Address) Chaps Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis & & & & & & & & & & & & & & & & & &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH
County Donala	Registration Dist. No.
Village or City Candrida me	. No. Menter Hoap St.
Longth of special control in situ on Assessment and the Assessment	(If death occurred in a hospital or institution, sive its NAME instead of street and number)
(1) 1 7 7	mosds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME VETTUL YELL	Viavinse
(a) Residence: No. //a/(Usual place of abod	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE OR DIVORCED (write)	
5a. If married, widowed, or divorced P. HUSBANO of	
(or) WIFE of Jease - HAIPERS	22. I HEREBY CERTIFY, That I attended deceased
7 13 /6	19 to fund 19 19 19 19 19 19 19 19 19 19 19 19 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If	LESS than to have occurred on the date stated above, at 3 2m.
//> 7 1 day	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	me with gladgowelling (1-1)
9 Industry or business in which work was dona, as SILK MILL.	7 Librer My
work was dona, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (yer spant in this occupation (month and year) occupation	5
0 1	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Ail-Colon
13. NAME PROVIL A VACANA	
14. BIRTHPLACE (city or town) Carally gy.	Name of operation. Oate of
(State or country)	What test confirmed diagnosis? Clim class there an autopsy?
15. MAIDEN NAME Is bully ada	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19_
E (Stata or country)	Where did Injury occur?
17. INFORMANT / Hahr a. fram. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place _ am had Molata filme	, 193 Nature of injury
19. UNDERTAKER Touche E. Hilly M. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 17, 19 32 E. D. Woeff	Registrat. (Address)

no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 9.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

XACTL	classified.	٠
stated E	properly	certificate
be	pe	jo
carefully supplied. AGE should	H in plain terms, so that it may	TION is very important. See instructions on back of certificate.
mation should be co	CAUSE OF DEATH	TION is very impos
	mation should be carefully supplied. AGE should be stated EXACTI	mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH					
1. PLACE OF DEATH	<u>(8)</u>				
1. PLACE OF DEATH County Wehrlin	Registration Dist. No.				
Village or City Cerululy	No. Moletnit Haft. St. Ward				
(If	death occurred in a hospital or institution, give its NAME instead of street and number)				
Length-of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.				
2. FULL NAME Infant Whial	<u>t</u>				
(a) Residence: No. Cambrill	St., Ward.				
(Usual place of abode)	If nonresident give city or town and State				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH ML 30 1932				
delemmed while supe	(Month) (Oay) (Year)				
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from				
(01) WIFE 01	, 19 , to Offs) , 1931				
6. DATE OF BIRTH (month, day, and year) June 30, 1932	I last saw h. F. alive on Classes, 19.36; death is sald				
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.4.4.m.				
Still Your 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER,	Oute of some of				
SAWYER, BOOKKEEPER, etc.	Forles alad Houngrad				
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and	in My at prints				
SAW MILL, BANK, etc	Contution				
O this occupation (month and spant in this occupation					
and'	Other Coutributory Causes of importance:				
12. BIRTHPLACE (city or town) (State or country)					
13. NAME Herley Clarence Wheatley					
E	Name of operation \(\text{\text{Nm}} \) \(\text{Oate of} \)				
14. BIRTHPLACE (city or town) 2	What test confirmed diagnosis? Was there an aulopsy?				
15. MAIOEN NAME Wace Whealth	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?				
State or country)	Where did injury occur?				
17. INFORMANT I Hant Read	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.				
(Address)					
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury 2000				
Place Cunthop Date July 1 , 1932	Nature of injury				
19 UNDERTAKER Or fired of cet Cambridge Mil.	24. Was disease or injury in any way related to occupation of deceased?				
(Address)	If so, specify				
20, FILED June 30 193 L EEWseff	(Signed) M. O.				
Registrar.	(Address) Combined Ms				
If more blanks are model address Seets Barrey	N Cl I C. Phi P . Gl C N				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		
use of death and related causes Date of re as follows:	of onset	
ar 1 wee	eek ago	
3 day	ıys ago	
ry causes of importance:	year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

County Desiration Dist. No. Village or City Carry Mark Desiration Dist. No. Village or City Carry Mark Desiration Dist. No. Length of residence in city or loym where despit occurred to a hospital or minimizer, give in NAME inseed of street and number) Length of residence in City or loym where despit occurred to a hospital or minimizer, give in NAME inseed of street and number) 2. FULL NAME (a) Residence: No. Ward. PERSONAL AND STATISTICAL PARTICULARS S.SEX 4. COLOR OR RACE S. SINCEL, MARKER, D. WOONDED OR DIVORFED (curric this word) OR DIVORFED (curric th	1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH	122
Village or City		1	Project Alice Pine N	16
Length of residence in city or loyen where degt occurred. 2. FULL NAME (a) Residence: No. (Usual phace of ploods) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED 5. II married, widowed, or divorced HUSBAND of City Williams (b) ATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 IL ESS than or, min. 8. Trade, profession, or particular work of the work of the work of the work was done, as SILK MILL, SAW MILL, BANK, etc. SAWYER, BOOKKEPPE, etc. 1. SAWYER, BOOKKEPPE	^ / .	1 m/ Dara		
2. FULL NAME (a) Residence: No. (Usual piec of Josée) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Tride, profession, or particular 9. SAW MILL, SAM, etc. 9. SAW MILL, SAW, etc. 9. SAW, etc	Village or City	(IF	NO. St., death occurred in a hospital or institution, give its NAME instead of street and n	umber)
(a) Residence: No. (Usualpiace of Shode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (wire 10th word) 5. Il morried, widowed, or divorced (10th Wife of 10th Word) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. Trade, profession, or particular (10th Wick) 8. Trade, profession, or particular (10th Wife of 10th Wife o	Length of residence in city or lown where death	occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmo	sds.
Clustalpace of phode The personnal and state Personnal and	2. FULL NAME Andle	van WM	ly	
3. SEX 4. COLOR OR RACE OR DIVORCED (white Me word) So. Il merried, widowed, or divorced HUSENNO HUSEND HU	(a) Residence: No. Can	(Usual place of abode)		State
OR DIVORCED (wire Mb word) So. If married, widowed, or divorged (your bulbs and of HUSBATO) Fo. DATE OF BIRTH (month, day, and year) Fo. DATE OF BIRTH (month, day, and year) So. If LESS than 1 day		L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
HUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESs than 1 day,			Jame 16	193. 2 (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. Trade, profession, or particular Sand of sever dome as SPINHER, SAVER, BOUNKESPER, etc. 30. Date does not sever as follows: Date of enset This occupation Other Centributory Causes of Importance: Date of enset Date of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) Date of injury Date of injury occurred in industry, in HOME, or in PUBLIC PLACE. Date of injury Date of injury Date of injury in any way related to occupation of deceased? Harring of injury Date of injury in any way related to occupation of deceased? Date of injury Date of injury in any way related to occupation of deceased? Date of injury in any way related to occupation of deceased? Date of the east of the date (asked as date of the enset (asked) above, etc. Date of east occurrence on the public place. Date of enset Date			22 LHEDFOX CERTIFY THAT WAS	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or. min. 8. Trade, profession, or particular Said of well, despenses Shinker, Said of well, despenses of importance were as follows: Date of enset Date of enset United Shinker, Said of well, despenses of importance were as follows: Date of limportance: Date of my despenses of importance: United Shinker, Said of well, despense of importance were as follows: Date of limportance: What test confirmed diagnosis? Was there an autopsy? When test on firmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) Date of notes of the second shows and the second of	(or) WIFE of	V	1 . //	
7. AGE Years Months Days If LESS than 1 day,hrs, orhrs or	6. DATE OF BIRTH (month, day, and year)	1.14 1931		
8. Trade, profession, or particular kind of work domas SPINNER, SAWYER, BONKEEPER, etc. 9. Industry or business in which saw as sill kindle, SAW MILL, BANK, etc. 10. Date deceased last worked at spont in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place. (Address) 19. UNDERTAKER Date Date Date Date Address 19. UNDERTAKER Date Date Date Date Address 19. UNDERTAKER Date Date Date Date Date Date M. D. (Signed) Date J.			to heve occurred on the date stated above, et	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at spanning this occupation (month and year) 11. Data time (vears)	1 / 1/		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
12. BIRTHPLACE (city or town)	8. Trade, profession, or particular kind of work done, as SPINNER.		2	
12. BIRTHPLACE (city or town)	SAWYER, BODKKEEPER, etc.	*****************************	Onteretis	rue 10
12. BIRTHPLACE (city or town)	work was done, as SILK MILL, SAW MILL, BANK, etc		V.	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. 3. 2 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Date deceased last worked at this occupation (month and	11. Total time (years)		
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 11. State or country) 11. One country 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Addre		occupation	Other Contributory Causes of Importance:	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 10. FILED 11. Specify or town) (Signed) 12. Amenor of operation Name of operation What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M. D. M		<i>f</i> :		
What test confirmed diagnosis? Was there an autopsy?		200 011		
What test confirmed diagnosis? Was there an autopsy?	E 13. NAME	W. Will.		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 19. Share 10. Mainer of Injury 21. Information or injury 22. If death was due to external causes (VIDL ENCE) filt in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) Manner of Injury Manner of Injury (Signed) (Signed) Manner of Injury Man	4 14. BIRTHPLACE (city or town)	A		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place		mother		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Place	I IS RIDTHD! ACE (city or town)			
17. INFORMANT	State or country)	el , .	Where did injury occur?	
Place Date Date Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Tac. I Mariner M. D. M. D.		Mylyn.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	c) ICE.
Place Date Date 193 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Date (Signed) Date M. D.	18. BURIAL, CREMATION, OR REMOVAL	10	Manner of Injury	
20. FILED June 18, 19 3 2 DESWOOT (Signed) Tac. []. Shriver fr. M. D.	Place propriet 100	ate_/		
20. FILED June 18, 19 32 188Wolf (Signed) Tac 13. Shrever J. M. D.		Mallogufi	24. Was disease or injury In any way related to occupation of deceased?	
MCKINIAI. " / MUII 533 /	(1.5)	128Woff	(Signed) Dac II. Shrever	Д М. D.
If more blanks are needed, address State Registrar, 241 NN. Charles Street, Baltimore, Requesting V. S. No. 1.	If more blank		1100000	Mini

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
7		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	4

66523

1.	PLACE O	F DEATH				(3)
	County	Dorchest	ter			Registration Dist. No.
	Village or C	ityMa	adison	. Md.		No. St. Wa
	Length of resi	dence in city or tov	wn where deet	h occurred		f deeth occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2.	FULL NA	ME Angie	e Nora	Wrote	n.	
	(a) Residen	ce: No.	Madiso	n, Md.		St., Ward.
	PERSON	AL AND ST	ATISTICA			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX		4. COLOR OR R	ACE 5.	SINGLE, MAR	RIED. WIDOWED.	21. DATE OF DEATH
Fer	male	White	e	OR DIVORCE	(write the word)	June Ist 2, 193
5a. If	married, widow	ed, or divorced				(Month) (Day) (Year)
	(or) WIFE of	John	W. Wr	oten.		22. I HEREBY CERTIFY. That I attended decesed fr
6. DA	TE OF BIRTH	month, day, and ye	ear) N	lay 2	I866	I last saw hotel alive on May Le , 19 12; death is si
7. AGI	E Yea	rs M	lonths	Deys	If LESS than	to have occurred on the dete stated above, \$6.30 Rm, M.
	66		X	29	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
NO	kind of w	sion, or particuler ork done, as SPIN	INER. TO	one		Date of the Control o
OCCUPATION	9. Industry or 1	BOOKKEEPER, etc business in which		Otto-		Contract Haemvishage Ta
30	SAW MIL	done, as SILK MI L, BANK, etc	LL,	X		
00	this occup	ed last worked at pation (month and	x	11. Totel ti spen occu	me (years) t in this X pation	
12. BI	RTHPLACE (cit	y or town)	arvlar	i d		Other Contributory Course of importance:
œ ,.	3. NAME	John R:		iu.		Reflecter 10 u
FATHER	3. NAME	OUTIL IV.	Thhrir			ilstino-l'alerone
F 14	BIRTHPLACE (Stete or	(city or town)	Marvl	hra		Name of operation
œ 15	. MAIDEN NAI		ie Rin			What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
MOTHER 16	RIPTUPLACE	(city or town)				23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
ž i	(State or		Mary	rland		Where did injury occur?
17. INFORMANT Chas G. Brittingham. (Address) Madison, Md.					n.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Colden Hill, Md. Date 6/4/32,79					#132m	Manner of injury
19. UNDERTAKER Granville S. LeCompte (Address) Cambridge, Maryland.			LeCom	ote.	24. Was disease or injury in any way related to occupetion of deceased?	
20. FIL	/ /	13,1932		EU	Volf Registrar.	(Signed) 12. 11. Ohmore of M. (Address) 2 22 22 22 24
	0		If more blan	ks are needed, a	Idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ll ll		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	201 8 300	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	CEIVED	3 days ago
Other contributory causes of importance:		Other contributory cause	ses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

PHYSICIANS should state OCCUPA-TECORD. Every item of Exact statement of stated EXACTLY. PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDIN certificate. FOR SI WRITE PLAINLY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be MARGIN RESERVED See instructions on back of TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH #6524
1. PLACE OF DEATH	(23)
County CO	Registration Dist. No. // 6
Village or City Cambridge	No. 50 & Park Faul St., Ward
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Catherine your	9
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Jemale Colored OR DIVORCED (write the word)	June 4 193 2 (Month) (Day) (Year)
5a. If/married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw have alive on 22 17 1, 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
3 // ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Theterretors of the
SAWYER, BOOKKEEPER, etc. S Industry or business in which	June 1
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SIndustry or business in which work was done, es SILK MILL SAW MILL, BANK, etc	
O 10. Date decessed last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) Cambridge And	Other Cuutributery Causes of Importance:
(State or country)	
13. NAME Glo Slacus	
13. NAME GLO SLACULON 14. BIRTHPLACE (city or town) Day Co	Neme of operation Date of
(State of Country)	What test confirmed diagnosis? Wes there an eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
α α	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	opening whether injury occurred in the contact, in home, or in the period reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Cambridge, Md. Date June 6, 1932	Nature of Injury
19. UNDERTAKER (Additess)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED June 6, 19 32 ElWolf Registrar.	(Signed) 9. H. Vallet M. O. (Address) Brusbula M. O.
Registrar.	" (100000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Corchester	Registration Dist. No. // 6
Village or City Cambridge	No. 50 A Park Jane St., Ward death occurred in a hospitalor insitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lucy young	198
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale (alacel OR DIVORCED (write the word)	June (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Folia 3 1906	I last saw h. 22 alive on 1932 /5 , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$2.30 A.m.
26 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc.	Techeroclases of the
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this securation (month and	The state of the s
O Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Craft, Doz Co. M.((State or country)	Other Contributory Causes of importance:
13. NAME Learge young	
13. NAME Le arge young	Name of operation Dete of
(State of Country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sarak McCleady 16. BIRTHPLACE (city or town) Crafo Not, Co. M.	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Calo, Co. M.	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A DANK Young	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Willight willing Date 1111-19.74	Neture of injury
19. UNDERTAKER 306 Meier of Cambridge Mt	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 18, 19. 32 ERWalf Registrar.	(Signed) P. H. Tacall M. D. (Address) lequibiels 200
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year